NEVADA STATE BOARD OF PHARMACY

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Collaborative Practice Agreement Template

Section 1:

General Responsibilities of the Pharmacist

Section 2:

General Responsibilities of the Practitioner

Section 3:

A description of the types of decisions concerning the management of drug therapy that the pharmacist is authorized to make, which may include a specific description of the diseases and drugs for which the pharmacist is authorized to manage drug therapy.

A detailed explanation of the procedures that the pharmacist must follow when engaging in the collaborative practice of pharmacy, including, without limitation, the manner in which the pharmacist must document decisions concerning treatment and care in accordance with the general pharmacist responsibilities listed above, report such decisions to the practitioner and receive feedback from the practitioner.

The procedure by which the pharmacist will notify the practitioner of an adverse event concerning the health of the patient.

Section 4:

The procedure by which the practitioner will provide the pharmacist with a diagnosis of the patient and any other medical information necessary to carry out the patient's drug therapy management.

A description of the means by which the practitioner will monitor clinical outcomes of a patient and intercede when necessary to protect the health of the patient or accomplish the goals of the treatment prescribed for the patient.

Section 5:

The process by which the pharmacist will obtain the informed, written consent of the patient.

Qualifications and training required for pharmacists entering into CPA is recommended.

Annual competency documentation for pharmacists entering into CPA is recommended.

Section 6:

Authorization for the practitioner to override the agreement if necessary to protect the health of the patient or accomplish the goals of the treatment prescribed for the patient.

Authorization for either party to terminate the agreement by written notice to the other party, which must include, without limitation, written notice to the patient that informs the patient of the procedures by which he or she may continue drug therapy.

The address of the location where the records will be maintained.

Section 7:

Signature of physician and pharmacist

The effective date of the agreement.

The date by which a review must be conducted for renewal of the collaborative practice agreement, which must be not later than the expiration date of the agreement.

Required Addendums:

Informed written consent

A pharmacist shall obtain the informed, written consent of a patient before engaging in the collaborative practice of pharmacy on behalf of the patient. Such written consent must include, without limitation, a statement that the pharmacist may initiate, modify or discontinue the medication of the patient pursuant to a collaborative practice agreement, is not a physician, osteopathic physician, advanced practice registered nurse or physician assistant and may not diagnose.

Specific Drug Therapy Protocols

A detailed description (flow-chart) listing the decision making process related to drug therapy initiation, drug therapy changes, and drug therapy discontinuation. Please see example of anticoagulation drug therapy management protocol. Please include any references if national standards/protocols are used for your facility.

General Example for Anticoagulation:

(1) List of contraindications for warfarin therapy
(2) Target INR
    a. DVT and PE
        i. Transient/reversible risk factor (INR 2.0 – 3.0)
        ii. Unprovoked (INR 2.0 – 3.0)
    b. Non-Valvular Atrial Fibrillation/Atrial Flutter
        i. With Mitral Stenosis (INR 2.0 – 3.0)
        ii. With Stable CAD (INR 2.0 – 3.0)
(3) Clinically Significant Drug Interactions
(4) Appropriate starting dose of enoxaparin for patients with DVT or PE
    a. Patient weight 35-45kg (60mg SC once daily)
    b. Patient weight 46-60kg (80mg SC once daily)
    c. Patient weight 61-75kg (100mg SC once daily)
(5) Appropriate starting dose of Fondaparinux for patients with DVT or PE
    a. Patient weight <50kg (5mg SC once daily)
    b. Patient weight 50-100kg (7.5mg SC once daily)
(6) Dosage adjustments for Warfarin Therapy
    a. INR <1.3 – Increase weekly dose by 15-20%. Repeat labs in 5-7 days
    b. INR 1.3 – 1.5 – Increase weekly dose by 10-15%. Repeat labs in 1 week.
    c. INR 1.5 – 1.8 – Increase weekly dose by 5-10%. Repeat labs in 2 weeks.
    d. INR 4.5 – 10 – Temporarily discontinue warfarin administration, instruct the patient to monitor for symptoms of bleeding and notify the anticoagulation service immediately if symptoms occur. Repeat labs in 24-72 hours.